Montana Immunization Program Newsletter

Issue Date: February 10, 2016



In This Edition:

CDC Health Advisory
2016 Immunization Schedules
VFC Corner
Vaccines In Practice
2016 Provider Education Webinar Series
2016 Immunization Regional Workshops

Influenza Season Takes Off: CDC Releases Health Advisory

On February 1, the CDC released a Health Advisory due to an increase in reports of influenza activity across the country. In Montana, we are approaching 100 confirmed influenza cases and 22 influenza-related hospitializations have been reported to DPHHS this flu season, which began in early September. Clinicians should encourage all patients who have not yet received an influenza vaccine to be vaccinated, as much of the flu season is still to come. For additional information about influenza click HERE.

2016 Immunization Schedules Now Available

CDC has posted the 2016 child/adolescent and adult immunization schedules. Every year, the Advisory Committee on Immunization Practices (ACIP) develops these recommendations for routine use of vaccines in children, adolescents, and adults. Click to view the updated schedules for the child-and-adolescent-immunization-schedule and the adult immunization-schedule.



VFC Corner

Monthly VFC Hot Topics Webinars

When: Every other month, last week of the month.

Updated Hot Topics Schedule

Archived Presentations

Month	Topic
February	2016 VFC Site Visits and Eligibility Screening 101 In this webinar, we will introduce some changes to the VFC Site Visit process for the coming year and go over eligibility screening basics and how we assess proper screening at your clinic. This webinar contains some new information and a review of important requirements relevant to all VFC providers.

Feb	esday ruary 3rd 0 p.m.	Meeting Password: montana https://hhsmt.webex.com/hhsmt/j.phpMTID=m017c7e12bfe779fa8fa2e0d825e5cd Audio Access code: 803 237 499
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(Archived recording will be available for viewing)

April Regional Immunization Workshop Presentation

Reminders

Deadline for 2016 VFC Re-enrollment

January 31, 2016 was the deadline for 2016 VFC re-enrollment. If you do not have an approved 2016 contract, you cannot order vaccine and will be receiving a letter inactivating your clinic from the VFC Program. If your contract was "Denied," check your email for instructions on how to correct and re-submit your contract. Please allow three business days for us to approve site contracts.

For more information, refer to the email sent December 21, 2016 or view the video of our December Hot Topics webinar that covered re-enrollment <u>HERE</u>.

Questions? Contact Lori Hutchinson or Katie Grady-Selby at hhsiz@mt.gov.

Vaccines In Practice

For those who attended the first session of the 2016 Immunization Provider Education Series, Dr. Kroger discussed vaccinating immunosuppresed individuals. This conversation led to the question below.

Q: Are the terms bone marrow transplant, stem cell transplant and hemotopietic cell transplant interchangeable as far as immunosuppression regarding vaccination purposes?

A: The terms "bone marrow transplant" and "hematopoietic stem cell transplant" are interchangeable. The term "stem cell transplant" could be the same but may have other meanings as well. If a patient states they had a "stem cell transplant" consider asking more about the procedure to see what they describe.

The following information on Vaccinating Recipients of Hematopoietic Stem Cell Transplant (HSCT) can be found on the CDC website <u>HERE</u>.

"A hematopoietic cell transplant (HCT) results in immunosuppression because of the hematopoietic ablative therapy administered before the transplant, drugs used to prevent or treat graft-versus-host disease, and, in some cases, from the underlying disease process necessitating transplantation.

HCT involves ablation of the bone marrow followed by reimplantation of the person's own stem cells or stem cells from a donor. Antibody titers to vaccine-preventable diseases (e.g., tetanus, poliovirus, measles, mumps, rubella, and encapsulated bacteria) decrease 1-4 years after autologous or allogeneic HCT if the recipient is not revaccinated. HCT recipients of all ages are at increased risk for certain vaccine-preventable diseases, including diseases caused by encapsulated bacteria (i.e., pneumococcal, meningococcal, and Hib infections). As a result, HCT recipients should be revaccinated routinely after HCT, regardless of the source of the transplanted stem cells. Most inactivated vaccines should be initiated 6 months after the HCT.

- Inactivated influenza vaccine should be administered beginning at least 6 months after HCT and annually thereafter for the life of the patient. A dose of inactivated influenza vaccine can be given as early as 4 months after HCT, but a second dose should be considered in this situation. A second dose is recommended routinely for all children receiving influenza vaccine for the first time.
- Sequential administration of 3 doses of pneumococcal conjugate vaccine is recommended, beginning 3-6 months after the transplant, followed by a dose of PPSV.
- A 3-dose regimen of Hib vaccine should be administered beginning 6 months after transplant; at least 1 month should separate the doses.
- MMR vaccine should be administered 24 months after transplant if the HCT recipient is immunocompetent.
- Because of insufficient experience using varicella vaccine among HCT recipients, physicians should assess the immune status of each recipient on a case-by-case basis and determine the risk for infection before using the vaccine. If a decision is made to vaccinate with varicella vaccine, the vaccine should be administered a minimum of 24 months after transplantation if the HCT recipient is presumed to be immunocompetent."

For more specific information, see Tomblyn M, Chiller T, Einsele H, et al. <u>Guidelines for Preventing Infectious Complications among Hematopoietic Cell Transplatation Recipients: A Global Perspective.</u>

Questions? Contact Susan Reeser, Nurse Consultant, sreeser@mt.gov or (406) 444-1805.

2016 Immunization Provider Education Series

Tips to Using the 2016 IZ Schedules and Tables

March 16, 2016 from 12-1:15pm
Presented by Candice L. Robinson, MD, MPH, CDC/NCIRD/ISD

Hosted Recording of Tips to Using the 2016 IZ Schedules and Tables

March 31, 2016 from 2-3:15pm

Montana Immunization Program staff will be available to answer questions.

An application has been submitted to Montana Nurses Association for approval to award contact hours. Montana Nurses Association is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Building Trust During the Time of Twitter

May 25, 2016 from 12-1:00pm Presented by Wendy Sue Swanson, MD, MBE, FAAP

Hosted Recording of Building Trust During the Time of Twitter

May 26, 2016 from 12-1:00pm

Montana Immunization Staff will be available to answer questions.

Click **HERE** for webinar login information and additional details about the webinar series.

An application has been submitted to Montana Nurses Association for approval to award contact hours. Montana Nurses Association is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Questions? Contact the Immunization Program at (406) 444-5580 or hhsiz@mt.gov.

2016 Immunization Regional Workshops

Agenda and registration information available at the end of February.

- Great Falls Wednesday, March 30th: Hampton Inn
- Missoula- Tuesday, April 12th: DoubleTree
- Butte/Fairmont- Wednesday, April 13th: Fairmont Hot Springs
- Miles City- Wednesday, April 20th: Sleep Inn and Suites
- Billings- Thursday, April 21st: Billings Hotel and Convention Center

An application has been submitted to Montana Nurses Association for approval to award contact hours. Montana Nurses Association is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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